

PTO/SB/01 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐

Declaration
Submitted
With Initial
Filing

OR

☒

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket
Number

2910540749

First Named Inventor

Jolanta GUTKOWSKA

COMPLETE IF KNOWN

Application Number

TBA

Filing Date

June 13, 2003

Art Unit

TBA

Examiner Name

TBA

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OXYTOCIN AS CARDIOMYOGENESIS INDUCER AND USES THEREOF

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

06/13/2003

as United States Application Number or PCT International

Application Number

PCT/CA2003/000897

and was amended on (MM/DD/YYYY)

12/21/2004

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2,391,118	Canada	06/21/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

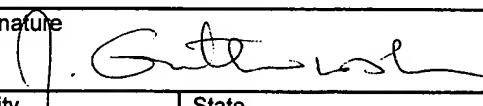
[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	04743	OR	<input type="checkbox"/> Correspondence address below
Name				
Address				
City		State	ZIP	
Country	Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Jolanta		GUTKOWSKA		
Inventor's Signature			Date	
			07.02.2005	
Residence: City	State	Country	Citizenship	
Ville Mont-Royal	Quebec	Canada	Canada	
Mailing Address				
139 avenue Appin				
City	State	Zip	Country	
Ville Mont-Royal	Quebec	H3P 1V6	Canada	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Joanne		PAQUIN		
Inventor's Signature			Date	
Residence: City			State	Citizenship
Montreal			Quebec	Canada
Mailing Address				
10151 Georges-Baril				
City	State	Zip	Country	
Montreal	Quebec	H2C 2M9	Canada	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				



PTO/SB/02A (09-04)

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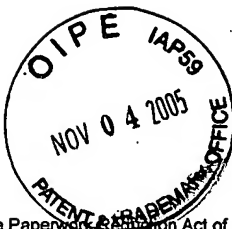
DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bogdan A.		DANALACHE	
Inventor's Signature		Date	
Montreal Residence: City	Quebec State	Canada Country	Romania Citizenship
455 St. Kevin, App. 306 Mailing Address			
Montreal City	Quebec State	H3T 1J1 Zip	Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marek		JANKOWSKI	
Inventor's Signature <i>Marek Jankowski</i>		Date <i>01. Feb 2005</i>	
Montreal Residence: City	Quebec State	Canada Country <i>CAY</i>	Canada Citizenship
5155 West Broadway Mailing Address			
Montreal City	Quebec State	H4V 2A1 Zip	Canada Country
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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (06-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	TBA
Filing Date	June 13, 2003
First Named Inventor	Jolanta GUTKOWSKA
Title	OXYTOCIN AS CARDIOMYOGENESIS..
Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	2910540749

I hereby appoint:

☒ Practitioners associated with the Customer Number:

04743

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Joanne Paquin		
Signature	<i>Joanne Paquin</i>		
Date	10 Nov 2005	Telephone	514-381-2926

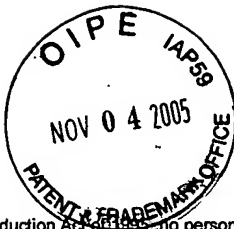
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Examiner Name	TBA
Attorney Docket Number	2910540749

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OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Bogdan A. Danalache		
Signature			
Date	10 02 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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With Initial
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Declaration
Submitted after Initial
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(37 CFR 1.16 (e))
required)

Attorney Docket
Number 2910540749

First Named Inventor Jolanta GUTKOWSKA

COMPLETE IF KNOWN

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Filing Date June 13, 2003

Art Unit TBA

Examiner Name TBA

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(Title of the Invention)

the specification of which

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is attached hereto

OR

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was filed on (MM/DD/YYYY)

06/13/2003

as United States Application Number or PCT International

Application Number

PCT/CA2003/000897

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12/21/2004

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2,391,118	Canada	06/21/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

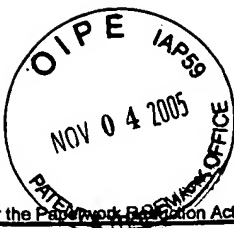
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="checked" type="checkbox"/> The address associated with Customer Number:	<div>04743</div>	OR	<input type="checkbox"/> Correspondence address below
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
Jolanta			GUTKOWSKA		
Inventor's Signature				Date	
Residence: City		State		Country	
Ville Mont-Royal		Quebec		Canada	
Mailing Address					
139 avenue Appin					
City		State		Country	
Ville Mont-Royal		Quebec		Canada	
Zip		Country			
H3P 1V6		Canada			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
Joanne			PAQUIN		
Inventor's Signature				Date	
<i>Joanne Paquin</i>				10 Feb 2005	
Residence: City		State		Country	
Montreal		Quebec		Canada	
Citizenship		Country			
Canada		CAN			
Mailing Address					
10151 Georges-Baril					
City		State		Country	
Montreal		Quebec		Canada	
Zip		Country			
H2C 2M9		Canada			
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

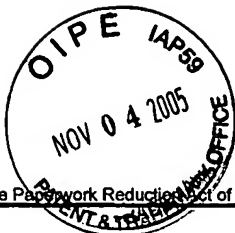
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bogdan A.		DANALACHE	
Inventor's Signature		Date 10 02 2005	
Montreal Residence: City	Quebec State	Canada Country CAX	Romania Citizenship
455 St. Kevin, App. 306 Mailing Address			
Montreal City	Quebec State	H3T 1J1 Zip	Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marek		JANKOWSKI	
Inventor's Signature		Date	
Montreal Residence: City	Quebec State	Canada Country	Canada Citizenship
5155 West Broadway Mailing Address			
Montreal City	Quebec State	H4V 2A1 Zip	Canada Country
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Inventor's Signature		Date	
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Application Number	TBA
Filing Date	June 13, 2003
First Named Inventor	Jolanta GUTKOWSKA
Title	OXYTOCIN AS CARDIOMYOGENESIS..
Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	2910540749

I hereby appoint:

☒ Practitioners associated with the Customer Number:

04743

OR

☐ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record** (if assignee, put name, title and company name in the "Name" space below)

Name	Jolanta Gutkowska		
Signature			
Date	07.02.2005	Telephone	890-8000/12731

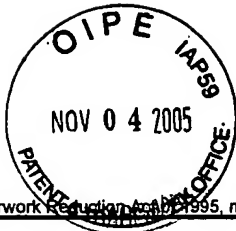
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The address associated with Customer Number:

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Individual Name

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Address

City

State

Zip

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Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record** (if assignee, put name, title and company name in the "Name" space below)

Name	Marek Jankowski	Signature	<i>M. Jankowski</i>
Date	07-02-2005	Telephone	890-800-1275

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 4 forms are submitted.

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